

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/089022**  
APPLICANT(S)  
FILING DATE

CLAIMS					
NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*
	IND.	DEP.	IND.	DEP.	
1	/				51
2	/				52
3	/				53
4	/				54
5	/				55
6	/				56
7	/				57
8	6				58
9					59
10					60
11					61
12					62
13					63
14					64
15					65
16					66
17					67
18					68
19					69
20					70
21					71
22					72
23					73
24					74
25					75
26					76
27					77
28					78
29					79
30					80
31					81
32					82
33					83
34					84
35					85
36					86
37					87
38					88
39					89
40					90
41					91
42					92
43					93
44					94
45					95
46					96
47					97
48					98
49					99
50					100
TOTAL NO.	1	↓	↓	↓	TOTAL IND.
TOTAL DEP.	17	←	←	←	TOTAL DEP.
TOTAL CLAMS	18	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS